

Message

From: Quintero, Gilberto [/O=CAH/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=GILBERTO.QUINTERO]
Sent: 6/16/2012 3:08:30 AM
To: Emma, Douglas [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Douglas.Emma]
CC: Mone, Michael [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Michael.Mone]; Forst, Christopher [/O=CAH/OU=Cardinal Health/cn=Recipients/cn=Christopher.Forst]
Subject: RE: Follow-up to Training conducted 6-5-2012

Doug

We will start involving Chris in our LVTAC meetings. We are also considering other changes to alleviate your concerns.

From: Emma, Douglas
Sent: Wednesday, June 13, 2012 1:26 PM
To: Quintero, Gilberto
Subject: RE: Follow-up to Training conducted 6-5-2012

Gilberto,,

The tools and information the QRA pharmacists no longer receive.

- Logit Model
 - LV-TAC site visit scheduling (only distributed to Investigators)
 - QRA site visit schedule and/ or lack of response to status of submitted request
 - often we do not have visibility to ROI in content manager due to attorney - client privilege.
- Timeliness is an issue
- Top 25 customers based on quantities purchased with ranking
 - Drug movement report of AHOP drugs and customer ranking
 - Roll-up report of customers visited by or at the direction of corporate QRA

Please contact me if further information is needed or to explain why I feel these reports are beneficial and helpful.

I really appreciate your involvement and definitely feel you have opened up the communication channel.

Doug

Doug Emma, RPh

Manager Supply Chain Integrity

Quality & Regulatory Affairs

Cardinal Health | 7601 NE Gardner Ave

Kansas City, MO 64120

direct: 816-242-6122 fax: 614-652-4253

From: Quintero, Gilberto
Sent: Tuesday, June 12, 2012 10:05 PM
To: Emma, Douglas; linden.barber@quarles.com
Cc: Forst, Christopher; Mone, Michael
Subject: RE: Follow-up to Training conducted 6-5-2012

Doug

Thanks for the information. It is very useful. We will revisit the pharmacies mentioned in your email. However, I am not sure about the information that you said is no longer available. Can you elaborate? I want to make sure you have the right tools and info to do your job.

Sent from my Samsung Galaxy Note™, an AT&T LTE smartphone

Forst Deposition
Exhibit
377

87655-CAK 08/28/2019

CONFIDENTIAL

PLAINTIFFS TRIAL
EXHIBIT
P-02020_00001

CAH_MDL2804_02994172

CAH_DEPO_FORST_OH_0000223

P-02020_00001

----- Original message -----

Subject: Follow-up to Training conducted 6-5-2012
From: "Emma, Douglas" <Douglas.Emma@cardinalhealth.com>
To: "linden.barber@quarles.com" <linden.barber@quarles.com>, "Quintero, Gilberto"
<gilberto.quintero@cardinalhealth.com>
CC: Follow-up to Training conducted 6-5-2012

Linden/Gilberto

This is follow-up to a discussion we had on our conference call regarding suspected "hot spots", black hole cases and cases that probably need to be revisited by LV-TAC. I've taken the time to illustrate a few examples. Please contact me if you need further clarification or more examples.

Possible Hot spot identified:

A number of CAH accounts around the Fresno, CA area maybe dispensing a disproportionate amount of Promethazine w Codeine when compared to other pharmacies in that geographic area. Site visit requests have been submitted through ADC of all suspect pharmacies for this DOI plus other drug families that are known to be diverted.

Revisit by LV-TAC:

Medicine Shoppe- BT3743300

On 12-28-2011 TH limits were moved to 1 for drug family 9050 and site visit request submitted through ADC. Without the knowledge of the QRA Pharmacist a Medium Risk visit was conducted on 12-15-2011 as part of the newly created committee established in November. The investigator that performed that site visit made an assessment that the account be re-evaluated immediately. (see PDF attachment)

Email forwarded on April 20th with new information regarding this pharmacist's ownership interest in a pharmacy that CAH terminated. TH limit remains at 1 and no indication that a new site visit has been conducted.

Midwest Benefit Pharmacy AM7670981

A concern expressed at the time Harvey conducted a site visit was the pharmacy was not licensed in all states they ship to. (Refer to attachments) According to the new SOP LV-TAC Periodic Review Process

Factors to Consider 6.2.2.1 (c) Is the pharmacy licensed in all states into which it mails or dispenses prescription drugs?

Black Hole:

Van Pharmacy- BV2122353- Van WV

QRA first discovered in Jan 2012 that the pharmacy was filling out of state prescriptions from a pain clinic in Georgia. A request for a site visit was submitted at that time. Utilizing KYC tools I contacted the pharmacist to discuss what steps they had in place to identify and prevent diversion. The pharmacist informed me that he had been in contact with the DEA and Georgia Board of Pharmacy (docs in CM). The pharmacist indicated that the Georgia physician was moving West and he would no longer be filling prescriptions from that pain clinic. Static TH limits were applied however new recent information reveals the pharmacy continues to fill out of state prescriptions. The customer is now blocked from purchasing Oxycodone. The owner of the pharmacy resides and owns other stores in California which purchase from CAH. (Medicine Shoppe in Petaluma, CA, BP8561335 and Bacon East Pharmacy in Concord, CA, FB2648446) The owner's name is Jamil Harb a registered pharmacist.

T & J Enterprise dba Medicine Shoppe in Huntington WV - BT5541760

This pharmacy has experienced significant growth from the stimulant drug families and new pain clinic business. QRA vetted the new pediatrician prescribing stimulants and nothing significant appeared from a DEA and license search. A competitor in town was raided by the DEA which resulted in the arrest of the non pharmacist owner. The Medicine Shoppe has seen a significant growth in both areas and to my knowledge a site visit has not been conducted after submitting 6 requests to validate growth and the information being provided to QRA.

There are certain tools we no longer have access to or is no longer available to the QRA pharmacist. There are times the new process seems cumbersome, incomplete and sometimes difficult to base a decision due to a lack of relevant and/or timely information.

Doug

Doug Emma, RPh
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